

## DEPARTMENT OF HEALTH SERVICES

744 P STREET

SACRAMENTO, CA 94234-7320  
(916) 323-0503

CMSP Letter 89-1

TO: ALL CMSP COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CMSP CARDS

Effective July 1, 1989, County Medical Services Program (CMSP) beneficiaries will receive revised eligibility cards issued through both the County Welfare Departments and the State Department of Health Services. (See attached card schematic, Figure 1). The revised CMSP card (CMSP-303) reflects input from the Eligibility Subcommittee of the Small County Advisory Committee (SCAC) and CMSP County Welfare Departments to better assist provider billing and beneficiary utilization. The revised CMSP card includes information on the front of the card to more clearly identify the valid month, any share-of-cost required and cert date, as well as any other health insurance coverage. Also included on the front of the card are signature and date lines. From the signature line, providers are encouraged to verify the identification of the CMSP beneficiary being served.

The back of the CMSP card includes information to both medical and dental providers to assist them in billing the Program. Information is also included for the CMSP beneficiaries informing them of their rights and responsibilities.

Counties are reminded of the following procedures for ordering blank Temporary Card Stock used for immediate need cards. Send a memo on county letterhead to:

Dorothy Fruits  
Data Guidance  
Department of Health Services  
744 P Street, Room 1050  
Sacramento, CA 95814

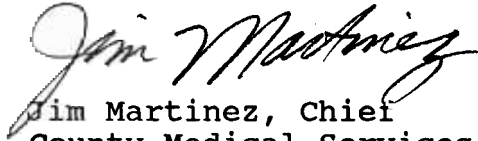
Emergency orders are discouraged, but when necessary may be placed by telephoning Dorothy Fruits at (916) 322-6905 or ATSS 492-6694.

Please ensure that the appropriate county staff responsible for ordering and completing the immediate need cards are advised of the correct procedures. If you have any questions on the revised

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CMSP card or procedures for ordering, please contact Sherrie Ivec  
at (916)327-1403 or ATSS 467-1403.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Martinez". The signature is fluid and cursive, with the first name "Jim" and last name "Martinez" clearly distinguishable.

Jim Martinez, Chief  
County Medical Services Program

Attachment

cc: CMSP Contact Persons  
Dorothy Fruits

**COUNTY MEDICAL SERVICES PROGRAM (CMSP) IDENTIFICATION CARD**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COUNTY OF HUMBOLDT  
 12-84-0012345-0-60 \*\*1\*\*  
 SSN: 222-33-4444 \*\*8\*\*  
 DOB: 05/18/1960 M

OTH COV: B

FIRST-NAME I LAST-NAME.....  
 FIRST ADDRESS LINE.....  
 SECOND ADDRESS LINE.....  
 THIRD ADDRESS LINE.. 95821

VALID: MAR 1988  
 WORKER: 1234  
 SHARE OF COST: 0023  
 CERT: 03/15/88

THIS IS NOT A STATE MEDI-CAL CARD  
 Services available under this county medical program are limited. The CMSP beneficiary may receive covered services from approved providers located in any California county. Only emergency services are covered outside the State unless prior authorized. See instructions for billing on reverse side.

PROVIDER OF SERVICES: By accepting this card and providing covered services, you agree to accept CMSP payment rates as payment in full and to follow CMSP policies and regulations (17, CCR, 1498 et seq.). See instructions on reverse side.

BENEFICIARY: You must present this card to your provider when you seek medical attention. See instructions on reverse side.

(CMS: 003)

### FRONT OF CARD

- |                                       |   |
|---------------------------------------|---|
| 1. Beneficiary County of Residence    | 9. Beneficiary Social Security Number Check Digit                         |
| 2. Beneficiary ID Number              | 10. Valid Month of Card   |
| 3. Beneficiary Social Security Number | 11. County Worker Number  |
| 4. Beneficiary Date of Birth          | 12. Share of Cost Amount  |
| 5. Other Coverage Indicator           | 13. Date of Certification<br>(Only applies for SOC Beneficiaries 85 & 89) |
| 6. Beneficiary Name and Address       | 14. CMSP General Information  |
| 7. Sex of Beneficiary                 | 15. Provider Instructions   |
| 8. Beneficiary ID Number Check Digit  | 16. Beneficiary Instructions  |

### THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER THE COUNTY MEDICAL SERVICES PROGRAM

#### CMSP MEDICAL PROVIDER INFORMATION

- Providers must make a good faith effort to verify the beneficiary identity before rendering services.
- Providers must bill any other health insurance prior to billing CMSP. See provider manual for exceptions.
- Out-of-state providers should contact the Department of Health Services for information and billing instructions prior to providing services.
- CMSP utilizes the Medi-Cal Fiscal Intermediary for processing claims. Consult your provider manual.
- CMSP rates are generally paid at 100% Medi-Cal. Consult your provider manual.

#### CMSP DENTAL PROVIDER INFORMATION

- Dental providers must also abide by the provisions listed above.
- Providers of dental services should note that dental coverage under the CMSP differs substantially from Medi-Cal coverage.
- Providers of dental services should submit claims on either a CDA or ADA billing form to:

County Medical Services Program  
 714 P Street, Room 523  
 P.O. Box 942732  
 Sacramento, CA 94234-7320

A copy of pertinent X-ray and valid CMSP card must be attached. There is no prior treatment authorization request for the limited CMSP dental services.

#### CMSP BENEFICIARY INFORMATION

- It is a crime for your to sell or lend your CMSP card to any person or furnish or give your CMSP card to any person other than your provider of services as required under CMSP regulations. (22, CCR, Sec. 50733).
- You should carry your CMSP card with you at all times. Present this card to your provider of services at each visit. Make sure the card is returned to you.
- You must report any changes of income, property, or other health coverage within ten days to your county welfare department.
- If you are dissatisfied with any decisions regarding medical care under the CMSP, you have the right to request a hearing by the Department of Social Services. You should either request a copy of the Medical Care Hearing Request, Form 1175, from your Eligibility Worker, or telephone the Public Inquiry & Response Unit at 1-800-952-5253. The completed Form 1175 should be mailed to the address listed on the form.